

**FISCAL YEAR 2005-06
SHORT-DOYLE/MEDI-CAL
MAXIMUM REIMBURSEMENT RATES**
July 1, 2005 through June 30, 2006

Enclosure B

	MODE OF SERVICE CODE		SERVICE FUNCTION CODE	TIME BASE	SHORT-DOYLE/MEDI-CAL MAXIMUM ALLOWANCE
	CR/DC Code	SD/MC Claiming Code			
SERVICE FUNCTION					
A. 24-HOUR SERVICES	05				
Hospital Inpatient		07, 08, 09	10-18	Client Day	\$952.86
Hospital Administrative Day		07, 08, 09	19	Client Day	7/1/05 - 7/31/05 \$236.82 8/1/05 - 6/30/06 \$299.80
Psychiatric Health Facility (PHF)		05	20-29	Client Day	\$521.82
Adult Crisis Residential		05	40-49	Client Day	\$294.25
Adult Residential		05	65-79	Client Day	\$143.53
B. DAY SERVICES	10	12, 18			
Crisis Stabilization					
Emergency Room			20-24	Client Hour	\$91.34
Urgent Care			25-29	Client Hour	\$91.34
Day Treatment Intensive					
Half Day			81-84	Client 1/2 Day	\$139.26
Full Day			85-89	Client Full Day	\$195.58
Day Rehabilitation					
Half Day			91-94	Client 1/2 Day	\$81.24
Full Day			95-99	Client Full Day	\$126.80
C. OUTPATIENT SERVICES	15	12, 18			
Case Management, Brokerage			01-09	Staff Minute	\$1.95
Mental Health Services			10-19	Staff Minute	\$2.52

Medication Support		30-59	Staff Minute	\$2.52
Crisis Intervention		60-69	Staff Minute	\$4.66
		70-79	Staff Minute	\$3.75

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